

## Quicklinks

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Form **5500**  
 Department of the Treasury  
 Internal Revenue Service  
 Department of Labor  
 Pension and Welfare Benefits  
 Administration  
 Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6039D, 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).  
 Complete all entries in accordance with the instructions to the Form 5500.

Official Use Only  
 OMB Nos. 1210 - 0110  
 1210 - 0089

**2005**

This Form is Open to  
 Public Inspection

### Part I Annual Report Identification Information

For the calendar plan year 2005 or fiscal plan year beginning January 01, 2005, and ending December 31, 2005

- A** This return/report is for:
- (1) ☐ a multiemployer plan; (3) ☐ a multiple-employer plan;  
 (2) ☒ a single-employer plan (other than a multiple-employer plan); (4) ☐ a DFE (specify)
- B** This return/report is:
- (1) ☐ the first return/report filed for the plan; (3) ☐ the final return/report filed for the plan;  
 (2) ☐ the amended return/report; (4) ☐ a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here ☐
- D** If you filed for an extension of time to file, check the box and attach a copy of the extension application ☐

### Part II Basic Plan Information -- enter all requested information.

- 1a** Name of plan  
 IBM PERSONAL PENSION PLAN
- 1b** Three-digit plan number (PN) 001
- 1c** Effective date of plan (mo., day, yr.)  
 September 01, 1945
- 2a** Plan sponsor's name and address (employer, if for a single-employer plan)  
 (Address should include room or suite no.)  
 INTERNATIONAL BUSINESS MACHINES CORPORATION  
 MD 261 NEW ORCHARD ROAD  
 ARMONK, NY 10504-
- 2b** Employer Identification Number (EIN)  
 13-0871985
- 2c** Sponsor's telephone number  
 800-796-9876
- 2d** Business code (see instructions)  
 541519

**Caution:** A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, and to the best of my knowledge and belief, it is true, correct, and complete.

04/14/2006

RICHARD J. CARROLL

Signature of plan administrator

Date

Typed or printed name of individual signing as plan administrator

04/14/2006

RICHARD J- CARROLL

Signature of employer/plan sponsor/DFE

Date

Typed or printed name of individual signing as employer, plan sponsor or DFE as applicable

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

v2.3 Form **5500** (2005)

**3a** Plan administrator's name and address (if same as plan sponsor, enter "Same")

**3b** Administrator's EIN

13-0871985

**3c** Administrator's telephone number

800-796-9876

RICHARD J. CARROLL

IBM

NEW ORCHARD ROAD, MD 259

ARMONK, NY 10504-

**4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report below:

**b** EIN

**a** Sponsor's name

**c** PN

**5** Preparer information (optional) **a** Name (including firm name, if applicable) and address

**b** EIN

**c** Telephone no.

**6** Total number of participants at the beginning of the plan year

**6** 344,224

**7** Number of participants as of the end of the plan year (welfare plans complete only lines **7a**, **7b**, **7c**, and **7d**)

**a** Active participants

**a** 119,906

**b** Retired or separated participants receiving benefits  
**c** Other retired or separated participants entitled to future benefits  
**d** Subtotal. Add lines **7a**, **7b**, and **7c**  
**e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits  
**f** Total. Add lines **7d** and **7e**  
**g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)  
**h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested  
**i** If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500)  
**8** Benefits provided under the plan (complete 8a through 8c, as applicable)  
**a** ☒ **Pension benefits** (check this box if the plan provides pension benefits and enter the applicable pension feature codes from the List of Plan Characteristics Codes (printed in the instructions)):  
1A 1C 1E 1G 3H  
**b** ☐ **Welfare benefits** (check this box if the plan provides welfare benefits and enter the applicable welfare feature codes from the List of Plan Characteristics Codes (printed in the instructions)):

**9a** Plan funding arrangement (check all that apply)  
**(1)** ☐ Insurance  
**(2)** ☐ Section 412(i) insurance contracts  
**(3)** ☒ Trust  
**(4)** ☐ General assets of the sponsor  
**9b** Plan benefit arrangement (check all that apply)  
**(1)** ☐ Insurance  
**(2)** ☐ Section 412(i) insurance contracts  
**(3)** ☒ Trust  
**(4)** ☐ General assets of the sponsor  
**10** Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instructions.)  
**a Pension Benefit Schedules**  
**(1)** ☒ **R** (Retirement Plan Information)  
**(2)** ☐ **T** (Qualified Pension Plan Coverage Information)  
 If a Schedule T is not attached because the plan is relying on coverage testing information for a prior year, enter the year  
**(3)** ☒ **B** (Actuarial Information)  
**(4)** ☐ **E** (ESOP Annual Information)  
**(5)** ☒ **SSA** (Separated Vested participant Information)  
**b Financial Schedules**  
**(1)** ☒ **H** (Financial Information)  
**(2)** ☐ **I** (Financial Information -- Small Plan)  
**(3)** ☐ **A** (Insurance Information)  
**(4)** ☒ **C** (Service Provider Information)  
**(5)** ☒ **D** (DFE/Participating Plan Information)  
**(6)** ☐ **G** (Financial Transaction Schedules)  
**(7)** ☒ **1 P** (Trust Fiduciary Information)

**SCHEDULE B**  
**(Form 5500)**  
 Department of the Treasury  
 Internal Revenue Service  
 Department of Labor  
 Pension and Welfare  
 Benefits Administration  
**Actuarial Information**  
 This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974, referred to as ERISA, except when attached to Form 5500-EZ and, in all cases, under section 6059(a) of the Internal Revenue Code, referred to as the Code.  
**Attach to Form 5500 or 5500-EZ if applicable.**  
**See separate instructions.**  
 Official Use Only  
 OMB No. 1210 - 0110  
**2005**  
**This Form is Open to Public Inspection (except when attached to Form 5500-EZ)**

For the calendar plan year **2005** or fiscal plan year beginning **January 01, 2005**, and ending **December 31, 2005**

If an item does not apply, enter "N/A." Round off amounts to nearest dollar.

**Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

**A** Name of plan  
IBM PERSONAL PENSION PLAN  
**B** Three digit plan number  
001  
**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ  
INTERNATIONAL BUSINESS MACHINES CORPORATION  
**D** Employer Identification Number  
13-0871985  
**E** Type of Plan: **(1)** ☐ Multiemployer **(2)** ☒ Single-employer **(3)** ☐ Multiple-employer  
**F** ☐ 100 or fewer participants in prior plan year

**Part I Basic Information** (To be completed by all plans)

**1a** Enter the actuarial valuation date: January 01, 2005

**b** Assets  
**(1)** Current value of assets  
**(2)** Actuarial value of assets for funding standard account  
**c** (1) Accrued liability for plans using immediate gain methods  
**(2)** Information for plans using spread gain methods:  
**(a)** Unfunded liability for methods with bases  
**(b)** Accrued liability under entry age normal method  
**(c)** Normal cost under entry age normal method  
**b(1)** \$45,494,016,646  
**b(2)** \$42,210,700,806  
**c(1)** \$35,814,013,029  
**c(2)(a)**  
**c(2)(b)**  
**c(2)(c)**

**Statement by Enrolled Actuary (see instructions before signing):**

To the best of my knowledge, the information supplied in this schedule and on the accompanying schedules, statements and attachments, if any, is complete and accurate, and in my opinion each assumption used in combination, represents my best estimate of anticipated experience under the plan. Furthermore, in the case of a plan other than a multiemployer plan, each assumption used (a) is reasonable (taking into account the experience of the plan and reasonable expectations) or (b) would, in the aggregate, result in a total contribution equivalent to that which would be determined if each such assumption were reasonable; in the case of a multiemployer plan, the assumptions used, in the aggregate, are reasonable (taking into account the experience of the plan and reasonable expectations).

Signature of actuary

Date

DAVID M. SPEIER

**G** 0504920

Print or type name of actuary

Most recent enrollment number

Firm Name

Telephone number (including area code)

901 N. GLEBE ROAD  
ARLINGTON, VA 22203-

Address of the Firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

**1d** Information on current liabilities of the plan:

(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	<b>d(1)</b>	
(2) "RPA '94" information:		
(a) Current liability	<b>d(2)(a)</b>	\$41,468,733,008
(b) Expected increase in current liability due to benefits accruing during the plan year	<b>d(2)(b)</b>	\$939,316,318
(c) Current liability computed at highest allowable interest rate (see instructions)	<b>d(2)(c)</b>	\$41,468,733,008
(d) Expected release from "RPA '94" current liability for the plan year	<b>d(2)(d)</b>	
(3) "OBRA '87" information:		
(a) Current liability	<b>d(3)(a)</b>	
(b) Expected increase in current liability due to benefits accruing during the plan year	<b>d(3)(b)</b>	
(c) Expected release from "OBRA '87" current liability for the plan year	<b>d(3)(c)</b>	
(4) Expected plan disbursements for the plan year	<b>d(4)</b>	\$2,973,824,814

**2** Operational information as of beginning of this plan year:

<b>a</b>	Current value of the assets (see instructions)		<b>2a</b>	\$45,494,016,646
<b>b</b>	"RPA '94" current liability:	(1) No. of Persons	(2) Vested Benefits	(3) Total benefits
	(1) For retired participants and beneficiaries receiving payments	123,124	\$25,444,812,755	\$25,444,812,755
	(2) For terminated vested participants	93,669	\$4,375,222,102	\$4,375,222,102
	(3) For active participants	127,431	\$10,085,449,728	\$11,648,698,151
	(4) Total	344,224	\$39,905,484,585	\$41,468,733,008

**c** If the percentage resulting from dividing line 2a by line 2b(4), column (3), is less than 70%, enter such percentage

**2c** %

**3** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Mo.-Day-Year	(b) Amount paid by employer	(c) Amount paid by employees	(a) Mo.-Day-Year	(b) Amount paid by employer	(c) Amount paid by employees
01/19/2005	\$1,700,000,000				
12/28/2005	\$1				

**3 Totals (b)** \$1,700,000,001 **(c)**

**4** Quarterly contributions and liquidity shortfall(s):

**a** Plans other than multiemployer plans, enter funded current liability percentage for preceding year (see instructions) **4a** 105.6%

**b** If line 4a is less than 100%, see instructions, and complete the following table as applicable:

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

**5** Actuarial cost method used as the basis for this plan year's funding standard account computation:

- a** ☐ Attained age normal **b** ☒ Entry age normal **c** ☐ Accrued benefit (unit credit)  
**d** ☐ Aggregate **e** ☐ Frozen initial liability **f** ☐ Individual level premium  
**g** ☐ Individual aggregate **h** ☐ Other (specify)  
**i** Has a change been made in funding method for this plan year? ☐ Yes ☒ No  
**j** If line i is "Yes," was the change made pursuant to Revenue Procedure 95-51 as modified by Revenue Procedure 98-10? ☐ Yes ☐ No  
**k** If line i is "Yes," and line j is "No" enter the date of the ruling letter (individual or class) approving the change in funding method

**6** Checklist of certain actuarial assumptions:

- a** Interest rates for:  
 (1) "RPA '94" current liability **a(1)** 6.10% ☐ N/A  
 (2) "ORBA '87" current liability **a(2)** % ☐ N/A  
**b** Weighted average retirement age **6b** 62 ☐ N/A  
**c** Rates specified in insurance or annuity contracts ☐ N/A **6c** Pre-Retirement ☐ Yes ☒ No Post-Retirement ☐ Yes ☒ No ☐ N/A  
**d** [Mortality table code for valuation purposes:](#)  
 (1) Males **d(1)** 9 9  
 (2) Females **d(2)** 9 9  
**e** Valuation liability interest rate ☐ N/A **6e** 8.00% 8.00% ☐ N/A  
**f** Expense loading ☐ N/A **6f** 23.4% 0.0% ☐ N/A  
 Male Female  
**g** Annual withdrawal rates:  
 (1) Age 25 **g(1)** 16.08% 16.08%  
 (2) Age 40 **g(2)**



line 12u and enter -0- Otherwise, go to line 12b

**b** "RPA '94" current liability. Enter line 1d(2)(a) **12b**

**c** Adjusted value of assets (see instructions) **12c**

**d** Funded current liability percentage. Divide line 12c by 12b and multiply by 100 **12d** %

**e** Unfunded current liability. Subtract line 12c from line 12b **12e**

**f** Liability attributable to any unpredictable contingent event benefit **12f**

**g** Outstanding balance of unfunded old liability **12g**

**h** Unfunded new liability. Subtract the total of lines 12f and 12g from line 12e. Enter -0- if negative. **12h**

**i** Unfunded new liability amount ( % of line 12h) **12i**

**j** Unfunded old liability amount **12j**

**k** Deficit reduction contribution. Add lines 12i, 12j, and 1d(2)(b) **12k**

**l** Net charges in funding standard account used to offset the deficit reduction contribution. Enter a negative number if less than zero **12l**

**m** Unpredictable contingent event amount: **12m**

(1) Benefits paid during year attributable to unpredictable contingent event **m(1)** 0

(2) Unfunded current liability percentage. Subtract the percentage on line 12d from 100% **m(2)**

(3) Enter the product of lines 12m(1), 12m(2), and 12m(3) **m(4)**

(4) Amortization of all unpredictable contingent event liabilities **m(5)**

(5) "RPA '94" additional amount (see instructions) **m(6)**

(6) Enter the greatest of lines 12m(3), 12m(4), or 12m(5) **m(7)**

**Preliminary Calculation**

**n** Preliminary additional funding charge: Enter the excess of line 12k over line 12l (if any), plus line 12m(6), adjusted to end of year with interest **12n**

**o** Contributions needed to increase current liability percentage to 100% (see instructions) **12o**

**p** Additional funding charge prior to adjustment: Enter the lesser of line 12n or 12o **12t**

**q** Adjusted additional funding charge. ( .0% of line 12p) **12u**

**For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500EZ.** v2.3 Schedule B (Form 5500) 2005

<p><b>SCHEDULE C</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Pension and Welfare Benefits Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Service Provider Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.</p> <p><b>File as an attachment to Form 5500.</b></p>	<p>Official Use Only OMB No. 1210 - 0110</p> <hr/> <p><b>2005</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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**For the calendar plan year 2005 or fiscal plan year beginning January 01, 2005 and ending December 31, 2005**

**A** Name of plan **IBM PERSONAL PENSION PLAN**

**B** Three digit plan number **001**

**C** Plan sponsor's name as shown on line 2a of Form 5500 **INTERNATIONAL BUSINESS MACHINES CORPORATION**

**D** Employer Identification Number **13-0871985**

**Part I Service Provider Information (see instructions)**

- 1** Enter the total dollar amount of compensation paid by the plan to all persons, other than those listed below, who received compensation during the plan year: **1** \$486,262
- 2** On the first item below list the contract administrator, if any, as defined in the instructions. On the other items, list service providers in descending order of the compensation they received for the services rendered during the plan year. List only the top 40. 103-12 IEs should enter N/A in columns (c) and (d).

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position
FIDELITY BENEFIT ADMINISTRATION	04-3275867	ADMINISTRATION
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan
		\$14,818,041
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan
		\$8,400,909
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position
JPMORGAN CHASE	13-4994650	TRUSTEE
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan
		\$7,411,100
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan
		\$7,411,100

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of <a href="#">service code(s)</a> (see instructions)
BRIDGEWATER	13-2871809	INVESTMENT MGR			\$7,267,039	<a href="#">21</a>
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of <a href="#">service code(s)</a> (see instructions)
ALLIANCE BERNSTEIN	13-4132953	INVESTMENT MGR			\$6,416,416	<a href="#">21</a>
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of <a href="#">service code(s)</a> (see instructions)
BANK OF AMERICA	94-3273703	INVESTMENT MGR			\$5,176,260	<a href="#">21</a>
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of <a href="#">service code(s)</a> (see instructions)
PIMCO	95-2632339	INVESTMENT MGR			\$5,088,716	<a href="#">21</a>
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of <a href="#">service code(s)</a> (see instructions)
WAMCO	95-2705767	INVESTMENT MGR			\$3,051,413	<a href="#">21</a>
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of <a href="#">service code(s)</a> (see instructions)
BRANDES INVESTMENT	33-0704072	INVESTMENT MGR			\$3,037,278	<a href="#">21</a>
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of <a href="#">service code(s)</a> (see instructions)
COLONY	95-4342775	INVESTMENT MGR.			\$3,022,337	<a href="#">21</a>
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of <a href="#">service code(s)</a> (see instructions)
GMVO	04-2691242	INVESTMENT MGR			\$3,013,763	<a href="#">21</a>

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of <a href="#">service code(s)</a> (see instructions)
KOREIN TILLERY	37-0957010	LEGAL			\$2,989,492	22
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position				
HILL & ROBBINS	84-1037986	LEGAL			\$2,989,492	22
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of <a href="#">service code(s)</a> (see instructions)			
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position				
IBM INVESTMENT MANAGEMENT	13-0871985	INVESTMENT MGMT			\$2,809,979	21
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of <a href="#">service code(s)</a> (see instructions)			
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position				
JACOBS LEVY	22-2774695	INVESTMENT MGR			\$2,742,032	21
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of <a href="#">service code(s)</a> (see instructions)			
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position				
WATSON WYATT WORLDWIDE	53-018291	ADMINISTRATION			\$2,686,245	13
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of <a href="#">service code(s)</a> (see instructions)			
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position				
WELLINGTON	04-2683227	INVESTMENT MGR			\$2,586,335	21
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of <a href="#">service code(s)</a> (see instructions)			
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position				
MORGAN STANLEY	13-2655998	INVESTMENT MGR			\$2,374,429	21
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of <a href="#">service code(s)</a> (see instructions)			
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position				
MARATHON		NON US INV. MGR			\$2,324,252	21
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of <a href="#">service code(s)</a> (see instructions)			

(a) Name	(b) Employer identification number (see instructions)	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
TCW	95-2642764		INVESTMENT MGR
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
		\$2,282,675	<u>21</u>
(a) Name	(b) Employer identification number (see instructions)		(c) Official plan position
TT INTERNATIONAL			NON-US INVESTMENT MGR
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
		\$2,246,837	<u>21</u>
(a) Name	(b) Employer identification number (see instructions)		(c) Official plan position
GSAM	13-5108880		INVESTMENT MGR
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
		\$2,111,873	<u>21</u>
(a) Name	(b) Employer identification number (see instructions)		(c) Official plan position
HSBC	06-1548779		INVESTMENT MGR
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
		\$1,969,619	<u>21</u>
(a) Name	(b) Employer identification number (see instructions)		(c) Official plan position
AEW	04-3329433		INVESTMENT MGR
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
		\$1,685,930	<u>21</u>
(a) Name	(b) Employer identification number (see instructions)		(c) Official plan position
DODGE & COX	94-1441976		INVESTMENT MGR
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
		\$1,665,343	<u>21</u>
(a) Name	(b) Employer identification number (see instructions)		(c) Official plan position
TIMES SQUARE	06-0861092		INVESTMENT MGR
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
		\$1,460,351	<u>21</u>
(a) Name	(b) Employer identification number (see instructions)		(c) Official plan position
OAKTREE CAPITAL	95-4521152		INVESTMENT MGR
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
		\$1,270,817	<u>21</u>
	(b) Employer identification		

(a) Name BLACKROCK	(b) Employer identification number (see instructions) 13-3459661	(c) Official plan position INVESTMENT MGR	(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of <a href="#">service code(s)</a> (see instructions)
					\$1,245,646	<a href="#">21</a>
(a) Name K. G. REDDING	(b) Employer identification number (see instructions) 36-4408402	(c) Official plan position INVESTMENT MGR	(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of <a href="#">service code(s)</a> (see instructions)
					\$1,233,340	<a href="#">21</a>
(a) Name WESTBROOK	(b) Employer identification number (see instructions) 13-3789438	(c) Official plan position INVESTMENT MGR	(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of <a href="#">service code(s)</a> (see instructions)
					\$1,232,133	<a href="#">21</a>
(a) Name JPMORGAN INVESTMENT MANAGEMENT	(b) Employer identification number (see instructions) 13-4994650	(c) Official plan position INVESTMENT MGR	(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of <a href="#">service code(s)</a> (see instructions)
					\$1,229,412	<a href="#">21</a>
(a) Name BANK OF NY	(b) Employer identification number (see instructions) 13-6195557	(c) Official plan position INVESTMENT MGR	(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of <a href="#">service code(s)</a> (see instructions)
					\$1,187,500	<a href="#">21</a>
(a) Name ARBOR	(b) Employer identification number (see instructions) 41-1861772	(c) Official plan position INVESTMENT MGR	(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of <a href="#">service code(s)</a> (see instructions)
					\$1,107,936	<a href="#">21</a>
(a) Name ADELANTE CAPITAL MANAGEMENT	(b) Employer identification number (see instructions) 94-3219135	(c) Official plan position INVESTMENT MGR	(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of <a href="#">service code(s)</a> (see instructions)
					\$1,093,324	<a href="#">21</a>
(a) Name PARETO PARTNERS	(b) Employer identification number (see instructions)	(c) Official plan position NON US INV MGR	(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of <a href="#">service code(s)</a> (see instructions)
					\$1,077,046	<a href="#">21</a>
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position				

(d) Relationship to employer, employee organization, or person known to be a party-in-interest (e) Gross salary or allowances paid by plan (f) Fees and commissions paid by plan (g) Nature of [service code\(s\)](#) (see instructions)

\$1,052,871 21

(a) Name (b) Employer identification number (see instructions) (c) Official plan position  
MARTINGALE ASSET MANAGEMENT 04-2956583 INVESTMENT MGR

(d) Relationship to employer, employee organization, or person known to be a party-in-interest (e) Gross salary or allowances paid by plan (f) Fees and commissions paid by plan (g) Nature of [service code\(s\)](#) (see instructions)

\$983,498 21

(a) Name (b) Employer identification number (see instructions) (c) Official plan position  
INVESCO 58-1707262 INVESTMENT MGR

(d) Relationship to employer, employee organization, or person known to be a party-in-interest (e) Gross salary or allowances paid by plan (f) Fees and commissions paid by plan (g) Nature of [service code\(s\)](#) (see instructions)

\$954,671 21

(a) Name (b) Employer identification number (see instructions) (c) Official plan position  
STERLING JOHNSTON 94-3385233 INVESTMENT MGR

(d) Relationship to employer, employee organization, or person known to be a party-in-interest (e) Gross salary or allowances paid by plan (f) Fees and commissions paid by plan (g) Nature of [service code\(s\)](#) (see instructions)

\$935,817 21

(a) Name (b) Employer identification number (see instructions) (c) Official plan position  
CSFB ASSET MANAGEMENT 02-0700261 INVESTMENT MGR

(d) Relationship to employer, employee organization, or person known to be a party-in-interest (e) Gross salary or allowances paid by plan (f) Fees and commissions paid by plan (g) Nature of [service code\(s\)](#) (see instructions)

\$865,660 21

(a) Name (b) Employer identification number (see instructions) (c) Official plan position

CONTRACT ADMINISTRATOR

(d) Relationship to employer, employee organization, or person known to be a party-in-interest (e) Gross salary or allowances paid by plan (f) Fees and commissions paid by plan (g) Nature of [service code\(s\)](#) (see instructions)

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## Part II Termination Information on Accountants and Enrolled Actuaries (see instructions)

(a) Name (b) EIN  
(c) Position  
(d) Address  
(e) Telephone No.  
Explanation

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v2.3 Schedule C (Form 5500) 2005

### SCHEDULE D (Form 5500)

Department of the Treasury  
Internal Revenue Service

### DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

Official Use Only  
OMB No. 1210 - 0110

2005

This Form is Open to  
Public Inspection

Department of Labor  
Pension and Welfare Benefits Administration

File as an attachment to Form 5500.

For the calendar plan year 2005 or fiscal plan year beginning January 01, 2005, and ending December 31, 2005

A Name of plan or DFE  
IBM PERSONAL PENSION PLAN  
C Plan sponsor's name as shown on line 2a of Form 5500  
INTERNATIONAL BUSINESS MACHINES CORPORATION

B Three-digit plan number 001  
D Employer Identification Number  
13-0871985

## Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(a) Name of MTIA, CCT, PSA, or 103-12IE MGT FIXED INCOME PRIVATE FUND

(b) Name of sponsor of entity listed in (a) MORGAN GUARANTY TRUST

(c) EIN-PN 136038769001 (d) Entity Code C (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) \$207,933,190

(a) Name of MTIA, CCT, PSA, or 103-12IE MORGAN STANLEY EMERGING MARKETS

(b) Name of sponsor of entity listed in (a) MORGAN STANLEY

(c) EIN-PN 043196694001 (d) Entity Code E (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) \$201,288,085

(a) Name of MTIA, CCT, PSA, or 103-12IE RUSSELL ALPHA TILT

(b) Name of sponsor of entity listed in (a) BARCLAYS GLOBAL INVESTOR

(c) EIN-PN 943123057001 (d) Entity Code C (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) \$136,092,522

(a) Name of MTIA, CCT, PSA, or 103-12IE OCM EUROPEAN HIGH YIELD FUND

(b) Name of sponsor of entity listed in (a) OAKTREE CAPITAL MANAGEMENT

(c) EIN-PN 954740200001 (d) Entity Code E (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) \$47,337,913

## Part II Information on Participating Plans (to be completed by DFEs)

(a) Plan Name

(b) Name of plan sponsor

(c) EIN-PN -

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v2.3

Schedule D (Form 5500) 2005

### SCHEDULE H (Form 5500)

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Pension and Welfare  
Benefits Administration

Pension Benefit  
Guaranty Corporation

### Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

Official Use Only  
OMB No. 1210 - 0110

2005

This Form is Open to  
Public Inspection

For the calendar plan year 2005 or fiscal plan year beginning January 01, 2005, and ending December 31, 2005

A Name of plan  
IBM PERSONAL PENSION PLAN

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ  
INTERNATIONAL BUSINESS MACHINES CORPORATION

B Three digit  
plan number 001

D Employer Identification  
Number  
13-0871985

## Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines c(9) through c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. DFEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, 1i, and, except for master trust investment accounts, also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	a	\$2,844,864	\$6,327,778
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	b(1)		
(2) Participant contributions	b(2)		
(3) Other	b(3)	\$611,833,399	\$1,295,249,557
c General investments:			
(1) Interest-bearing cash (incl. money market accounts and certificates of deposit)	c(1)	\$2,611,643,910	\$2,722,359,257
(2) U.S. Government securities	c(2)	\$6,165,792,415	\$9,351,432,597
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	c(3)A	\$1,431,674,527	\$1,851,591,587
(B) All other	c(3)B	\$1,888,499,395	\$2,081,731,990
(4) Corporate stocks (other than employer securities):			
(A) Preferred	c(4)A	\$77,937,297	\$118,230,400
(B) Common	c(4)B	\$22,881,104,317	\$25,021,240,003
(5) Partnership/joint venture interests	c(5)	\$4,724,795,478	\$4,761,021,426
(6) Real Estate (other than employer real property)	c(6)		

(7) Loans (other than to participants)	c(7)		
(8) Participant loans	c(8)		
(9) Value of interest in common/collective trusts	c(9)	\$361,746,524	\$344,025,712
(10) Value of interest in pooled separate accounts	c(10)		
(11) Value of interest in master trust investment accounts	c(11)		
(12) Value of interest in 103-12 investment entities	c(12)	\$201,345,534	\$248,625,998
(13) Value of interest in registered investment companies (e.g., mutual funds)	c(13)	\$4,044,985,644	\$2,820,504,421
(14) Value of funds held in insurance co. general account (unallocated contracts)	c(14)		
(15) Other	c(15)	\$8,811,025,902	\$11,358,118,443
d Employer-related investments:			
(1) Employer securities	d(1)	\$1,379,329,704	\$138,994,446
(2) Employer real property	d(2)		
e Buildings and other property used in plan operation	e		
f Total assets (add all amounts in lines 1a through 1e)	f	\$55,194,558,910	\$62,119,453,615
<b>Liabilities</b>			
g Benefit claims payable	g		
h Operating payables	h	\$30,320,336	\$21,047,908
i Acquisition indebtedness	i		
j Other liabilities	j	\$9,670,221,928	\$13,556,673,630
k Total liabilities (add all amounts in lines 1g through 1j)	k	\$9,700,542,264	\$13,577,721,538
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f)	l	\$45,494,016,646	\$48,541,732,077

## Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. DFEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

<b>Income</b>		<b>(a) Amount</b>	<b>(b) Total</b>
a Contributions			
(1) Received or receivable in cash from: (A) Employers	a(1)(A)	\$1,700,000,001	
(B) Participants	a(1)(B)		
(C) Others (including rollovers)	a(1)(C)		
(2) Noncash contributions	a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	a(3)		\$1,700,000,001
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	b(1)(A)	\$81,313,283	
(B) U.S. Government securities	b(1)(B)	\$279,428,485	
(C) Corporate debt instruments	b(1)(C)	\$219,440,557	
(D) Loans (other than to participants)	b(1)(D)		
(E) Participant loans	b(1)(E)		
(F) Other	b(1)(F)	\$49,678,112	
(G) Total interest. Add lines 2b(1)(A) through (F)	b(1)(G)		\$629,860,437
(2) Dividends (A) Preferred stock	b(2)(A)	\$7,833,032	
(B) Common stock	b(2)(B)	\$516,053,972	
(C) Total dividends. Add lines 2b(2)(A) and (B)	b(2)(C)		\$523,887,004
(3) Rents	b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	b(4)(A)	\$74,927,643,787	
(B) Aggregate carrying amount (see instructions)	b(4)(B)	\$72,571,735,590	
(C) Subtract line 2b(4)(B) from line 2b(4)(A)	b(4)(C)		\$2,355,908,197
(5) Unrealized appreciation (depreciation) of assets: (A) Real Estate	b(5)(A)		
(B) Other	b(5)(B)	\$471,464,226	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	b(5)(C)		\$471,464,226
(6) Net investment gain (loss) from common/collective trusts	b(6)		\$11,480,179
(7) Net investment gain (loss) from pooled separate accounts	b(7)		
(8) Net investment gain (loss) from master trust investment accounts	b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	b(9)		\$56,481,524
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	b(10)		\$312,186,015
c Other Income	c		
d Total income. Add all <b>income</b> amounts in column (b) and enter total	d		\$6,061,267,583
<b>Expenses</b>			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	e(1)	\$2,895,968,063	
(2) To insurance carriers for the provision of benefits	e(2)		
(3) Other	e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	e(4)		\$2,895,968,063
f Corrective distributions (see instructions)	f		

g Certain deemed distributions of participant loans (see instructions)

h Interest expense

i Administrative expenses: (1) Professional fees	i(1)	\$9,232,486
(2) Contract administrator fees	i(2)	
(3) Investment advisory and management fees	i(3)	\$98,461,900
(4) Other	i(4)	\$9,889,703
(5) Total administrative expenses. Add lines 2i(1) through (4)	i(5)	\$117,584,089
j Total expenses. Add all expense amounts in column (b) and enter total	j	\$3,013,552,152

**Net Income and Reconciliation**

k Net income (loss) (subtract line 2j from line 2d)	k	\$3,047,715,431
l Transfers of assets		
(1) To this plan	l(1)	
(2) From this plan	l(2)	

**Part III Accountant's Opinion**

3 The opinion of an independent qualified public accountant for this plan is (see instructions):

a Attached to this Form 5500 and the opinion is -- (1) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Not attached because:

(1) ☐ the Form 5500 is filed for a CCT, PSA, or MTIA

(2) ☐ the opinion will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50

c Check this box if the accountant performed a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 2520.103-12(d) ☐

d If an accountant's opinion is attached, enter the name and EIN of the accountant (or accounting firm)

PRICEWATERHOUSECOOPERS 13-4008324

**Part IV Transactions During Plan Year**

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, or 5. 103-12 IEs also do not complete 4j.

During the plan year:

	Yes	No	Amount
a Did the employer fail to transmit to the plan any participant contributions within the maximum time period described in 29 CFR 2510.3-102? (see instructions)	a <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked)	b <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked)	c <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
d Did the plan engage in any nonexempt transaction with any party-in-interest? (Attach Schedule G (Form 5500) Part III if "Yes" is checked)	d <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
e Was this plan covered by a fidelity bond?	e <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		\$80,000,000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	f <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	g <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	h <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements)	i <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements)	j <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan or brought under the control of the PBGC?	k <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions).

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
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For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v2.3

Schedule H (Form 5500) 2005

**Annual Return of Fiduciary of Employee Benefit Trust**

**Schedule P (Form 5500)**  
Department of the Treasury  
Internal Revenue Service

This schedule may be filed to satisfy the requirements under section 6033(a) for an annual information return from every section 401(a) organization exempt from tax section 501(a).

Filing this form will start the running of the statute of limitations under section 6501(a) for any trust described in section 401(a) that is exempt from tax under section 501(a).

Official Use Only  
OMB No. 1210 - 0110

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**2005**

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**This Form is Open to Public Inspection**

File as an Attachment to Form 5500 or 5500-EZ.

For the calendar plan year 2005 or fiscal plan year beginning and ending

1a Name of trustee or custodian JP MORGAN CHASE BANK

b Number, street, and room or suite no. (If a P.O. box, see the instructions for Form 5500 or 5500-EZ.)  
3 CHASE METROTECH CENTER 5TH FL

c City or town, state, and ZIP code BROOKLYN, NY 11245-0001

2a Name of trust IBM PERSONAL PENSION PLAN TRUST

b Trust's employer identification number 13-6353801

3 Name of plan if different from name of trust

4 Have you furnished the participating employee benefit plan(s) with the trust financial information required

5 Enter the plan sponsor's employer identification number as shown on Form 5500 or 5500-EZ 13-0871985

Under penalties of perjury, I declare that I have examined this schedule, and to the best of my knowledge and belief it is true, correct, and complete.

Signature of fiduciary

Date April 12, 2006

For Paperwork Reduction Act Notice and OMB Control Numbers,  
see the instructions for Form 5500 or 5500-EZ

v2.3

Schedule P Form 5500 (2005)

**Schedule R  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Pension and Welfare Benefits  
Administration

Pension Benefit Guaranty Corporation

**Retirement Plan Information**

This schedule is required to be filed under sections 104 and 4065 of the  
Employee Retirement Security Act of 1974 (ERISA) and section 6058(a) of the  
Internal Revenue Code (the Code).  
**File as an Attachment to Form 5500.**

Official Use Only  
OMB No. 1210 - 0110

**2005**

**This Form is Open to Public  
Inspection**

For the calendar plan year 2005 or fiscal plan year beginning January 01, 2005 and ending December 31, 2005

**A** Name of plan

IBM PERSONAL PENSION PLAN

**B** Three-digit  
plan number

001

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ

INTERNATIONAL BUSINESS MACHINES CORPORATION

**D** Employer Identification Number

13-0871985

**Part I Distributions**

All references to distributions relate only to payments of benefits during the plan year.

**1** Total value of distributions paid in property other than in cash, annuity contracts, or publicly traded employer securities **1**

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits).

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

19,394

**Part II Funding Information** (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

**4** Is the plan administrator making an election under Code section 412(c)(8) or ERISA section 302(c)(8)? ☐ Yes ☒ No ☐ N/A

If the plan is a defined benefit plan, go to line 7.

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the ruling letter granting the waiver.

If you completed line 5, complete lines 3, 9, and 10 of Schedule B and do not complete the remainder of this schedule.

**6 a** Enter the minimum required contribution for this plan year **6a**

**b** Enter the amount contributed by the employer to the plan for this plan year **6b**

**c** Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)

If you completed line 6c, do not complete the remainder of this schedule **6c**

**7** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A

**Part III Amendments**

**8** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. (see instructions)

☐ Increase ☐ Decrease ☐ No

**Part IV Coverage (See instructions.)**

**9** Check the box for the test this plan used to satisfy the coverage requirements

☒ the ratio percentage test

☐ average benefit test

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v8.2 Schedule R (Form 5500) 2005

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